

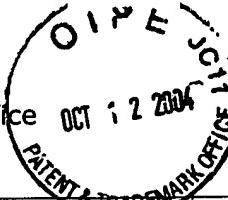
	United States Patent and Trademark Office	DEWIPAT File No. 30.014.11.US	
Form PTO/SB/21 (Revised)	<b>General Transmittal Form</b>		
Application No.	09/657446	Attorney Docket	ARC 2762C1
Filed (yyyy-mm-dd)	2000-09-08	Customer No.	
Applicant	David E. Edgren et al.	Confirmation No.	1540
Examiner	Blessing M. Fubara	Art Unit	1615
Title	Extended Release Dosage Form		

<b>ENCLOSURES (check all that apply)</b>	
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Preliminary <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52/1.53 <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to Revive Abandoned Application <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Petition <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Associate <input type="checkbox"/> Revocation & New <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Acknowledgement Postcard  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for continued examination
<b>Remarks:</b>	

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm/Individual	Adenike A. Adewuya
Signature	
Date	October 5, 2004

<b>CERTIFICATE OF TRANSMISSION/MAILING</b>			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Adenike A. Adewuya		
Signature		Date	October 5, 2004

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

Form PTO/SB/17  
(Modified)**Fee Transmittal 2005**

Application No.	09/657446	Attorney Docket	ARC 2762C1																																																																																																																								
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<input type="checkbox"/> Applicant claims small entity status.		Total Amount of Payment \$ 1220																																																																																																																									
<b>METHOD OF PAYMENT</b> (check all that apply) <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <u>50-3202</u> Deposit Account Name: <u>Dewipat Inc.</u>		<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> <table border="1"> <tr> <th>Total Claims</th> <th>- 20** =</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> <tr> <td>Independent</td> <td>- 3** =</td> <td><u> </u></td> <td><u> </u></td> <td><u> </u></td> </tr> <tr> <td>Claims</td> <td></td> <td><u> </u></td> <td><u> </u></td> <td><u> </u></td> </tr> <tr> <td>Multiple</td> <td></td> <td><u> </u></td> <td><u> </u></td> <td><u> </u></td> </tr> <tr> <td>Dependent</td> <td></td> <td><u> </u></td> <td><u> </u></td> <td><u> </u></td> </tr> </table> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code (\$)</td> <td>Fee Code (\$)</td> </tr> <tr> <td>1001</td> <td>18</td> <td>2001</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1002</td> <td>88</td> <td>2002</td> <td>44</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1003</td> <td>300</td> <td>2003</td> <td>150</td> <td>Multiple dependent claims, if not paid</td> </tr> <tr> <td>1004</td> <td>88</td> <td>2004</td> <td>44</td> <td>**Reissue independent claims over original patent</td> </tr> <tr> <td>1005</td> <td>18</td> <td>2005</td> <td>9</td> <td>**Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="2"><b>SUBTOTAL (2) \$</b></td> <td colspan="3"><u> </u></td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For reissues, see above.</p>		Total Claims	- 20** =	Extra Claims	Fee from below	Fee Paid	Independent	- 3** =	<u> </u>	<u> </u>	<u> </u>	Claims		<u> </u>	<u> </u>	<u> </u>	Multiple		<u> </u>	<u> </u>	<u> </u>	Dependent		<u> </u>	<u> </u>	<u> </u>	Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	1001	18	2001	9	Claims in excess of 20	1002	88	2002	44	Independent claims in excess of 3	1003	300	2003	150	Multiple dependent claims, if not paid	1004	88	2004	44	**Reissue independent claims over original patent	1005	18	2005	9	**Reissue claims in excess of 20 and over original patent	<b>SUBTOTAL (2) \$</b>		<u> </u>																																																															
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